

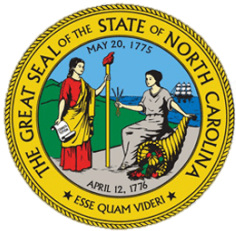
# North Carolina COVID-19 Vaccine Management System (CVMS) Provider Enrollment

## Step 1 - Register your organization

### User Guide

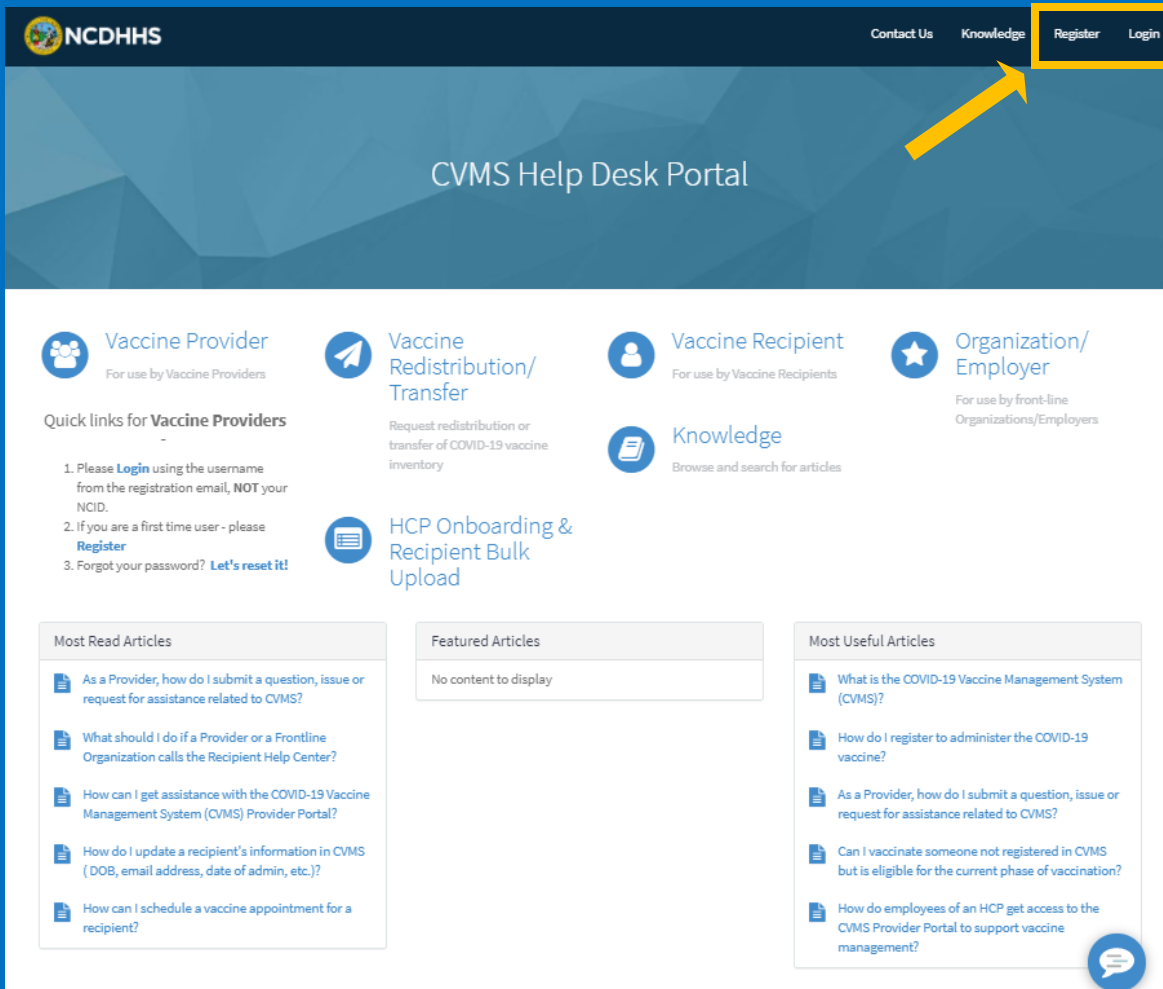
Version 10

July 27, 2021



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**





If you have any questions, issues or requests, please go to the CVMS Help Desk Portal\* at [https://ncgov.servicenowservices.com/csm\\_vaccine](https://ncgov.servicenowservices.com/csm_vaccine)

You can also call the COVID-19 Vaccine Provider Help Desk at **(877) 873-6247** and select option 1. The COVID-19 Vaccine Provider Help Desk is available during the following hours:  
Monday to Friday: 7 am – 7 pm ET  
Saturday & Sunday: 8 am – 4 pm ET

\* On the home page of the CVMS Help Desk Portal, select Login at the top right-hand corner, then select the "**Vaccine Provider**" option to submit your question, issue, or request.

Providers that are first time users of the CVMS Help Desk Portal will have to follow the steps below:

1. Register for an account by clicking 'Register' in the top right-hand corner
2. Populate your first name, last name, and business e-mail
3. You will receive an e-mail with your username and temporary password to log into the portal

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# Overview

# Overview

### Section A

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

- Organization details
- Organization Administrator contact details
- Location(s) administering vaccinations
- Information about your Executive Officers (CMO and CEO)

You must add all locations within your organization that will administer the COVID-19 vaccine. Each location is represented by a Vaccine Coordinator. The Vaccine Coordinator will enter location-specific details when completing Section B of the agreement.

If you also serve as the Vaccine Coordinator for a location within your organization, click on '[Locations](#)' at the top of menu bar after you have completed Section A.

If you also serve your organization as its CEO and/or CMO, click on the "CEO Review/Sign" and/or "CMO Review/Sign" at the top menu bar after you have completed Section A to review the conditions for enrollment and provide your signature.

Please note, although you have access to both the CEO and CMO review and signature pages, **this section is designated only for the CEO and CMO of your organization.** The CEO and CMO will be

Don't Show this Again ☐

Close

In this user guide, we will discuss how to start enrolling your organization in CVMS by creating your Organization Administrator Account and completing Section A of the enrollment.

The content included in this training is for the following role:  
**Organization Administrator.**

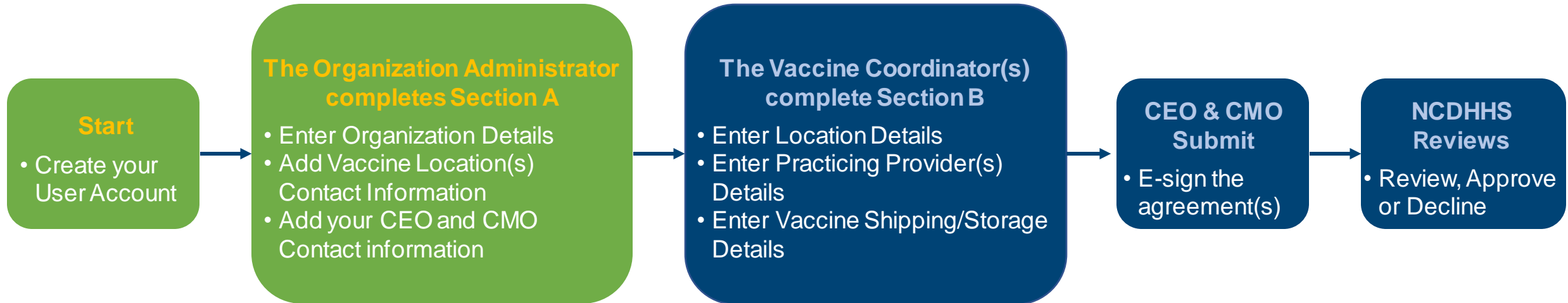
Additionally, you will need to:

- Use the latest version of Chrome, Firefox, Edge Chromium or Safari browsers
- Log into the CVMS Provider Enrollment Portal (<https://covid-enroll.ncdhhs.gov/>)

**Now, let's get started!**

# Provider Enrollment Process Overview

The COVID-19 Vaccination Program Provider Enrollment Process takes place in the **CVMS PROVIDER ENROLLMENT PORTAL** in five steps:



## Additional Resources

- CVMS Provider Enrollment Portal - <https://covid-enroll.ncdhhs.gov/>
- Vaccine Readiness Checklist - <https://covid19.ncdhhs.gov/covid-19-vaccine-readiness-checklist-download/download>
- Learning Materials: <https://covid19.ncdhhs.gov/vaccines/providers/covid-19-vaccine-management-system-cvms-steps-providers>

# There are Four User Profiles Available, and this User Guide Focuses on the First Profile

COMPLETE THE CHECKLIST below for **EACH ROLE** that you serve in your organization

## Organization Administrator

- ☐ **Create** your user account
- ☐ Mark if your organization is a **Redistribution Participant**
- ☐ **Add** all locations and enter for each location the vaccine coordinator(s) contact information
- ☐ Add your organization's **CEO**
- ☐ Add your organization's **CMO**

## Vaccine Coordinator

- ☐ **Register** for a Provider Enrollment account via the link in the welcome email
- ☐ **Upload pictures** of the interior and exterior of your **storage units**
- ☐ **Input all practicing providers** at your location
- ☐ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ☐ Review and sign the **Storage and Handling Attestation**

**For locations with at least 25 practicing providers**, return completed **Practicing Provider Bulk Upload Template** to the CVMS Help Desk Portal at [https://ncgov.servicenowservices.com/csm\\_vaccine](https://ncgov.servicenowservices.com/csm_vaccine)

## Chief Executive Officer (CEO)

- ☐ **Register** for a Provider Enrollment account via the link in the welcome email
- ☐ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ☐ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

## Chief Medical Officer (CMO)

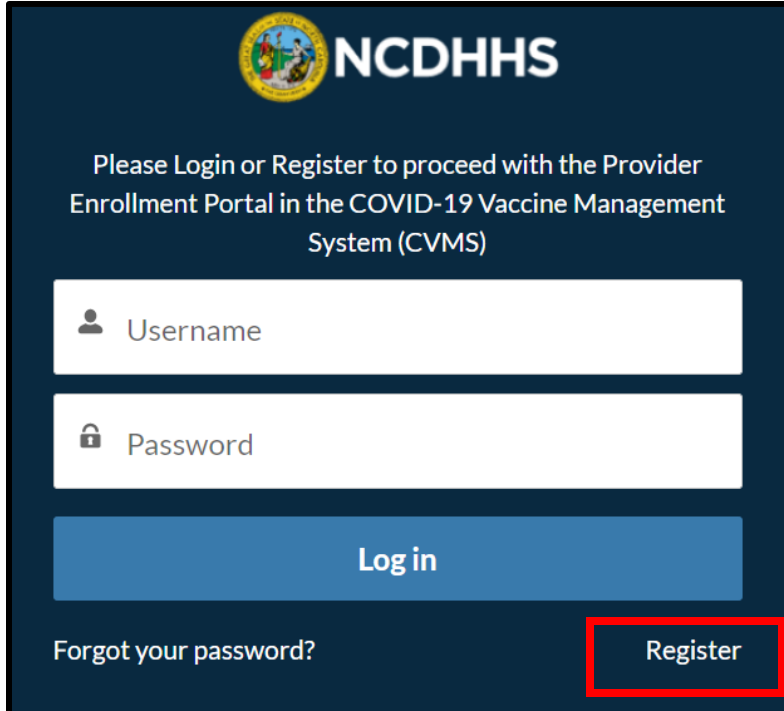
- ☐ **Register** for a Provider Enrollment account via the link in the welcome email
- ☐ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ☐ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

**Note:** A single user can assign to themselves all four profiles above if applicable and complete the enrollment process.

# Create your User Account with an Organization Administrator Profile



# Step 1 of 2: Navigate to CVMS Provider Enrollment Portal



The screenshot shows the NCDHHS (North Carolina Department of Health and Human Services) login and registration page. At the top left is the NCDHHS logo. The main heading reads "Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)". Below this are two input fields: "Username" with a person icon and "Password" with a lock icon. A blue "Log in" button is positioned below the password field. At the bottom left, there is a link "Forgot your password?". At the bottom right, the "Register" button is highlighted with a red rectangular border.

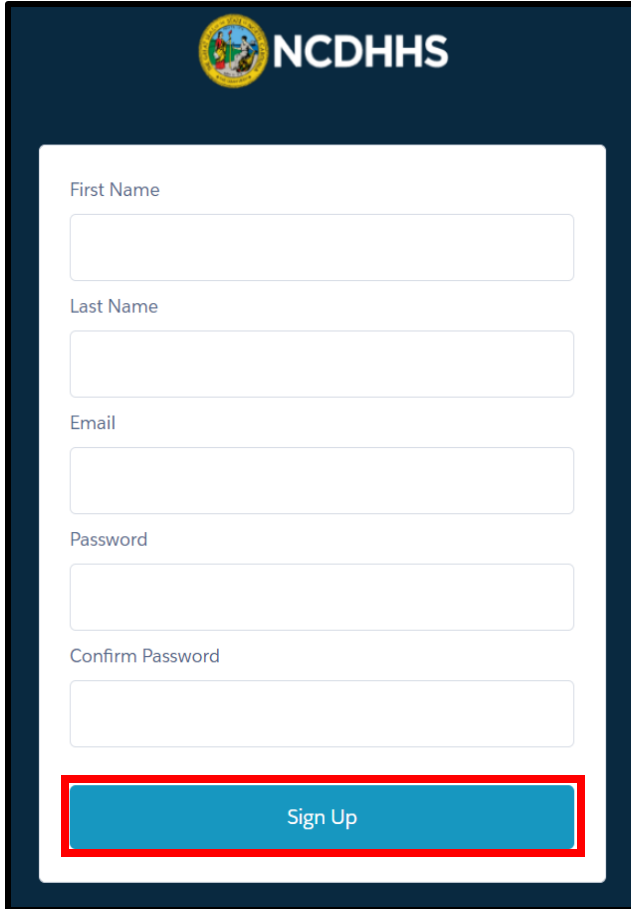
When you are ready to begin enrolling,

1. Navigate to the CVMS Provider Enrollment Portal at <https://covid-enroll.ncdhhs.gov>
2. Click the **REGISTER** button

## Audience

Organization  
Administrator

## Step 2 of 2: Finalize your Registration

A screenshot of the NCDHHS registration form. The form is titled "NCDHHS" with the state seal logo. It contains five input fields: "First Name", "Last Name", "Email", "Password", and "Confirm Password". At the bottom of the form is a blue "Sign Up" button, which is highlighted with a red rectangular border.

Begin by creating your account.

1. Enter your **FIRST NAME** and **LAST NAME**

2. Enter your **EMAIL**.

*Note: This will be the username you use to log in to the CVMS  
Provider Enrollment Portal*

3. Enter your **PASSWORD**

*Passwords must meet the following criteria:*

- 1) *Be at least 12 characters*
- 2) *Include at least 1 uppercase letter*
- 3) *Include at least 1 lowercase letter*
- 4) *Include at least 1 special character*
- 5) *Include at least 1 number*

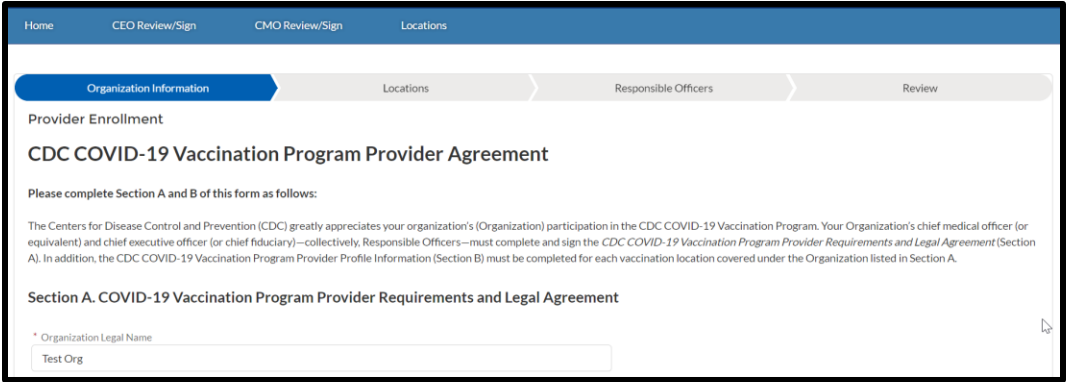
4. Click **SIGN UP**

### Audience

Organization  
Administrator

# Complete Section A

# Step 1 of 7: Enter Your Organization Details



Next

Once you begin Section A, you will be prompted to enter your **organization details** and indicate if your **organization is a redistribution participant**.

1. Populate **ALL REQUIRED ORGANIZATION DETAILS**
2. If your organization is a redistribution participant, select **YES** next to **REDISTRIBUTION PARTICIPANT**
3. If you select Yes, your **CEO and CMO** will be required to **SIGN AN ADDITIONAL AGREEMENT** indicating that they have reviewed the submitted information and signed the redistribution agreement.
4. Review all details entered
5. Click **NEXT**

## Audience

Organization Administrator

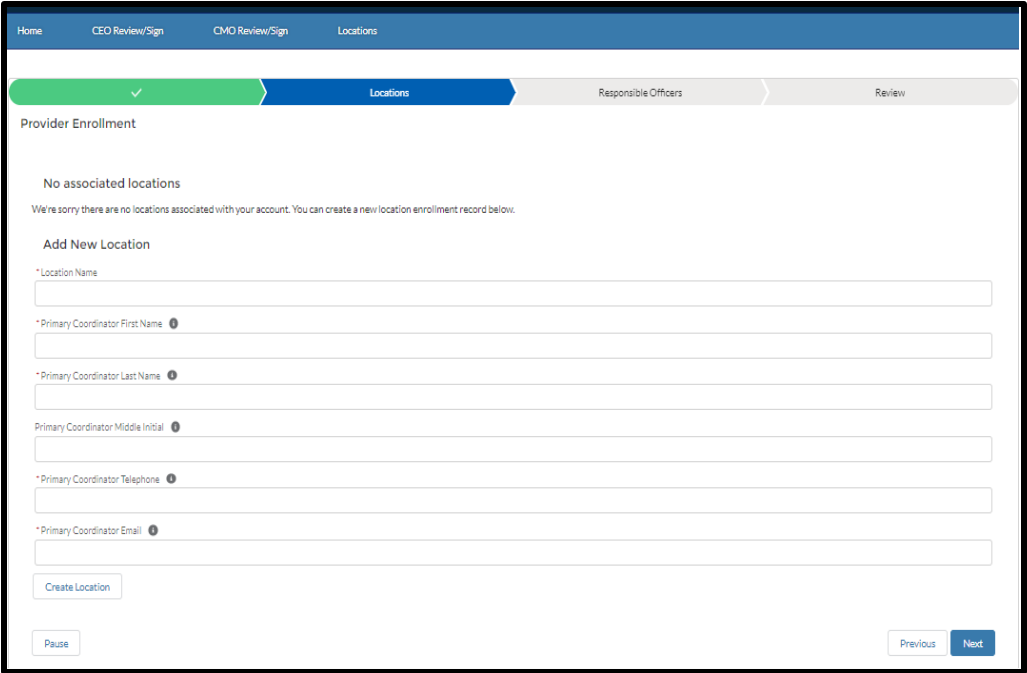
## Tips

You can pause and save your progress at any point before submitting Section A.

If you pause, you must logout before logging in and continuing your session.

If your organization address is outside of North Carolina, select **OTHER** for county.

# Step 2 of 7: Add Your Location(s) Details



The screenshot shows a web application interface for 'Provider Enrollment'. At the top, there's a navigation bar with links: Home, CEO Review/Sign, CMO Review/Sign, and Locations. Below this is a progress bar with four steps: a green checkmark, 'Locations' (highlighted in blue), 'Responsible Officers', and 'Review'. The main content area is titled 'Add New Location' and contains several input fields: 'Location Name', 'Primary Coordinator First Name', 'Primary Coordinator Last Name', 'Primary Coordinator Middle Initial', 'Primary Coordinator Telephone', and 'Primary Coordinator Email'. Each field has a small information icon. At the bottom left is a 'Pause' button, and at the bottom right are 'Previous' and 'Next' buttons. A message at the top of the form states: 'No associated locations. We're sorry there are no locations associated with your account. You can create a new location enrollment record below.'

After entering your organization’s details, you will now be able to **ADD ONE OR MORE LOCATIONS** that are storing and/or receiving shipments of the COVID-19 vaccine and their respective details.

1. Complete the information for the **FIRST LOCATION** in the organization
2. Click **CREATE LOCATION**
3. You will see the location details appear in the list of **PENDING LOCATIONS**
4. Repeat this process for each location you wish to add
5. Click **NEXT**

## Audience

Organization Administrator


## Tips

All locations within an organization must have the same CMO and CEO.

Enter your information if you will also be the Primary Vaccine Coordinator.

You can add more locations later as needed.

# Step 3 of 7: Edit Your Location(s) Details



NCDHHS  
CVMS Provider Enrollment

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental Information on your organization. To complete this section, you will be asked for:

[View More](#)

✓

Locations

Responsible Officer

Provider Enrollment

Approved Locations

☐

Location Name

▼

Pri. Coordinator First Name

▼

Pri. Coordinator Last Name

▼

Pri. Coordinator Middle Initial

▼

Pending Locations

☐

Location Name

▼

Pri. Coordinator First Name

▼

Pri. Coordinator Last Name

▼

Pri. Coordinator Middle Initial

▼


1

☐

ABC Laboratory

Glen

Jones



Deactivate Location(s)

Add New Location

\* Location Name

\* Primary Coordinator First Name ⓘ

\* Primary Coordinator Last Name ⓘ

Primary Coordinator Middle Initial ⓘ

\* Primary Coordinator Telephone ⓘ

\* Primary Coordinator Email ⓘ

Create Location

After adding a location, you can edit and update the information.

1. Identify the **LOCATION** you wish to edit
2. Click the **PENCIL ICON** next to the field you wish to update
3. Update the information
4. Review the information. Repeat for all details you wish to update.
5. Click **NEXT**

Audience

Organization Administrator

# Step 4 of 7: Deactivate Your Location(s)

The screenshot shows the NCDHHS CVMS Provider Enrollment portal. The 'Locations' tab is active, displaying a table of 'Approved Locations' and 'Pending Locations'. A red box highlights the 'Deactivate Location(s)' button. Below the table is a form to 'Add New Location' with fields for Location Name, Primary Coordinator First Name, Last Name, Middle Initial, Telephone, and Email, and a 'Create Location' button.

	Location Name	Pri. Coordinator First Name	Pri. Coordinator Last Name	Pri. Coordinator Middle Init.
1	ABC Laboratory	Glen	Jones	S

After adding a location, you can deactivate location(s).

- 1. Identify the **LOCATION** you wish to deactivate
- 2. Select the **CHECKBOX** for one or more locations
- 3. Review the locations you have selected to deactivate
- 4. Click the **DEACTIVATE LOCATION(S)** button
- 5. Click **NEXT**

## Audience

Organization Administrator

## Tips

Deactivate locations so they are not considered as part of the review of your Provider Enrollment Agreement.

Deactivated locations will not be able to receive or store shipments of the COVID-19 vaccine.

# Step 5 of 7: Complete CMO Information

After adding your locations, you will enter your **CHIEF MEDICAL OFFICER** (CMO) Information on the Responsible Officers page.

At the bottom, you will see the box **SEND REQUEST FOR SIGNATURE NOW** checkbox. This will immediately generate an email to the CMO requesting their review and approval. **WE RECOMMEND THAT YOU DO NOT SELECT THIS BOX AT THIS TIME.**

- 1. Enter **ALL CMO DETAILS** matching what is on their provider license.
- 2. Click **NEXT**

Home

CEO Review/Sign

CMO Review/Sign

Locations

✓

✓

Responsible Officers

Review

Provider Enrollment

Responsible Officers

For the purposes of this agreement, in addition to Organization, Responsible Officer named below will also be accountable for compliance with the conditions specified in this agreement. The individual listed below must provide their signature after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information

## Audience

Organization Administrator

## Tips

If you do not check the **send request for signature now** checkbox, the CMO will be notified once all vaccine coordinators complete Section B of the Provider Enrollment Agreement.  
Enter your information if you will also be the CMO of your Organization.



# Step 6 of 7: Complete CEO Information

After entering the CMO details, you will be directed to enter your **CHIEF EXECUTIVE OFFICER** (CEO) Information on the Responsible Officers page.

You will see the same **SEND REQUEST FOR SIGNATURE** checkbox. This will immediately generate an email to the CEO requesting their approval and signature. **WE RECOMMEND THAT YOU DO NOT SELECT THIS BOX AT THIS TIME.**

## 1. Enter ALL CEO DETAILS

Home

CEO Review/Sign

CMO Review/Sign

Locations

✓

✓

Responsible Officers

Review

Provider Enrollment

Responsible Officers

For the purposes of this agreement, in addition to Organization, Responsible Officer named below will also be accountable for compliance with the conditions specified in this agreement. The individual listed below must provide their signature after reviewing the agreement requirements.

Chief Executive Officer (or Chief Fiduciary) Information

### Audience

Organization  
Administrator

### Tips

If you do not check the **send request for signature now** checkbox, the CEO will be notified once all vaccine coordinators complete Section B of the Provider Enrollment Agreement.

Enter your information if you will also be the CEO of your Organization.

# Step 7 of 7: Complete Section A

Once all CEO details are entered, you are ready to **COMPLETE SECTION A**.

If you need to make any changes before completing Section A, use the **PREVIOUS BUTTON** to go back and **MAKE UPDATES**.

After submitting Section A, you will be reminded to complete Section B for all identified locations.

- 1. Confirm that **DETAILS ARE CORRECT**
- 2. Once the CEO page is complete, click **NEXT**

## Audience

Organization  
Administrator

The screenshot shows a web application interface for 'Provider Enrollment'. At the top, there is a navigation bar with links: Home, CEO Review/Sign, CMD Review/Sign, and Locations. Below this is a progress indicator with three steps: 'Provider Enrollment' (completed, green), 'Responsible Officers' (active, blue), and a third step (disabled, grey). The main content area is titled 'Responsible Officers' and includes a disclaimer: 'For the purposes of this agreement, in addition to Organization, Responsible Officer named below will also be accountable for compliance with the conditions specified in this agreement. The individual listed below after reviewing the agreement requirements.' Below the disclaimer is a section titled 'Chief Executive Officer (or Chief Fiduciary) Information' with four input fields: 'First Name', 'Middle Initial', 'Last Name', and 'Telephone Number (xxxx-xxxx-xxxx)'. Each field has a red asterisk indicating it is required.

# Next Steps

Section A has been completed. Click on the links on the following pages to learn more about next steps to enroll and onboard to North Carolina’s COVID-19 vaccination program.

## Audience

Organization  
Administrator

✓

✓

✓

Review

Your organization information has been completed in Section A of the Provider Enrollment Portal.

**Section B for all locations must also be completed before your enrollment application is submitted to NCDHHS for review and approval.**

Section B of the enrollment application must be completed for each location where COVID-19 vaccines will be stored/administered as part of the agreement. After the details for all locations within your organization have been entered, the CMO and CEO will be notified for review and signature. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete, and your application will be submitted to NCDHHS for review and approval.

Please note that as the organization admin, you can also obtain the CMO and CEO signatures by clicking on the 'CEO Review/Sign' and 'CMO Review/Sign' tabs at the top of this page and having each individual complete and sign where indicated.

# Next Steps

Section A has been completed. Click on the links on the following pages to learn more about next steps to enroll and onboard to North Carolina’s COVID-19 vaccination program.

## Audience

Organization Administrator

✓>✓>✓>Review

Your organization information has been completed in Section A of the Provider Enrollment Portal.

**Section B for all locations must also be completed before your enrollment application is submitted to NCDHHS for review and approval.**

Section B of the enrollment application must be completed for each location where COVID-19 vaccines will be stored/administered as part of the agreement. After the details for all locations within your organization have been entered, the CMO and CEO will be notified for review and signature. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete, and your application will be submitted to NCDHHS for review and approval.

Please note that as the organization admin, you can also obtain the CMO and CEO signatures by clicking on the 'CEO Review/Sign' and 'CMO Review/Sign' tabs at the top of this page and having each individual complete and sign where indicated.

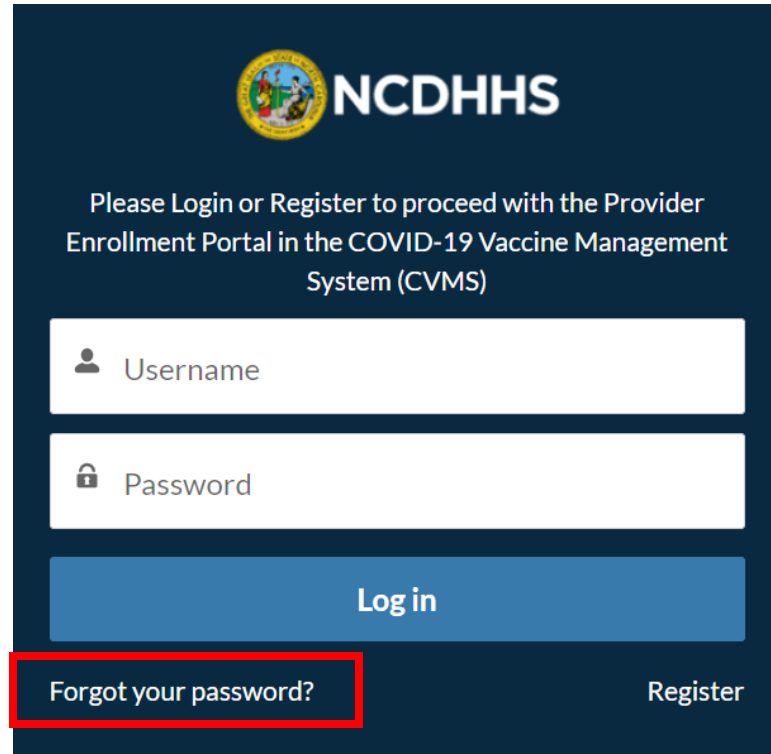
# Appendix


# Reset Password

# Step 1 of 4: Initiate Password Reset


You will be able to reset your password at any time.


1. Navigate to **CVMS PROVIDER ENROLLMENT PORTAL** (<https://covid-enroll.ncdhhs.gov/>)
2. Click the **FORGOT YOUR PASSWORD?**



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

**Log in**

**Forgot your password?** [Register](#)

## Audience

Organization Administrator

Vaccine Coordinator

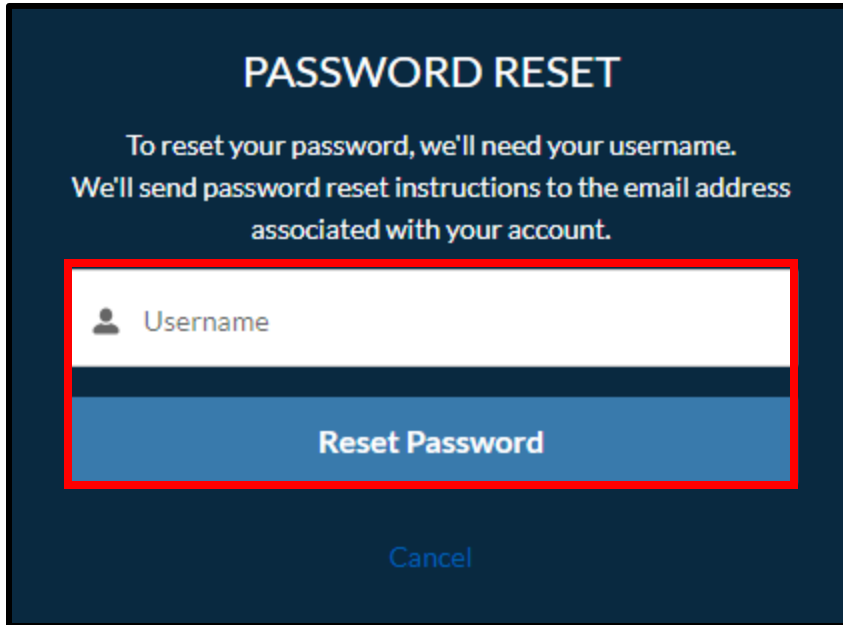
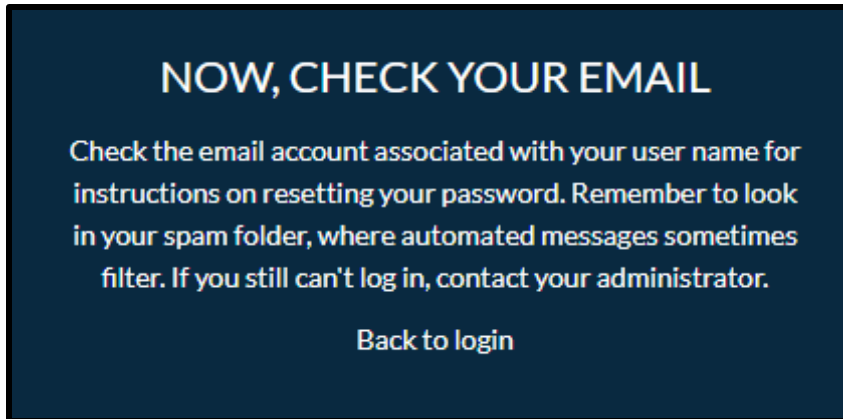
CEO

CMO

## Tips

Consider using a password manager to keep your password if your organization's security policy allows it.

## Step 2 of 4: Trigger Email to Reset Password

A screenshot of a 'PASSWORD RESET' form. The title 'PASSWORD RESET' is at the top in white. Below it, text says 'To reset your password, we'll need your username. We'll send password reset instructions to the email address associated with your account.' There is a white input field with a red border containing a person icon and the text 'Username'. Below the input field is a blue button labeled 'Reset Password'. At the bottom is a blue link labeled 'Cancel'.A screenshot of a screen titled 'NOW, CHECK YOUR EMAIL' in white. The text below says 'Check the email account associated with your user name for instructions on resetting your password. Remember to look in your spam folder, where automated messages sometimes filter. If you still can't log in, contact your administrator.' At the bottom is a white link labeled 'Back to login'.

You will be prompted to enter your **USERNAME**. You can expect an email from [COVIDenroll@dhhs.nc.gov](mailto:COVIDenroll@dhhs.nc.gov) with a link to reset your password.

1. **ENTER YOUR USERNAME.** In most cases, this will be the email address you used to register your account
2. Click **RESET PASSWORD**
3. You will be directed to a page that says **NOW, CHECK YOUR EMAIL**

### Audience

Organization  
Administrator

Vaccine  
Coordinator

CEO

CMO

### Tips

Check the spam/junk folder of your email account if you do not receive a password reset email.



## Step 3 of 4: Check Password Reset Email

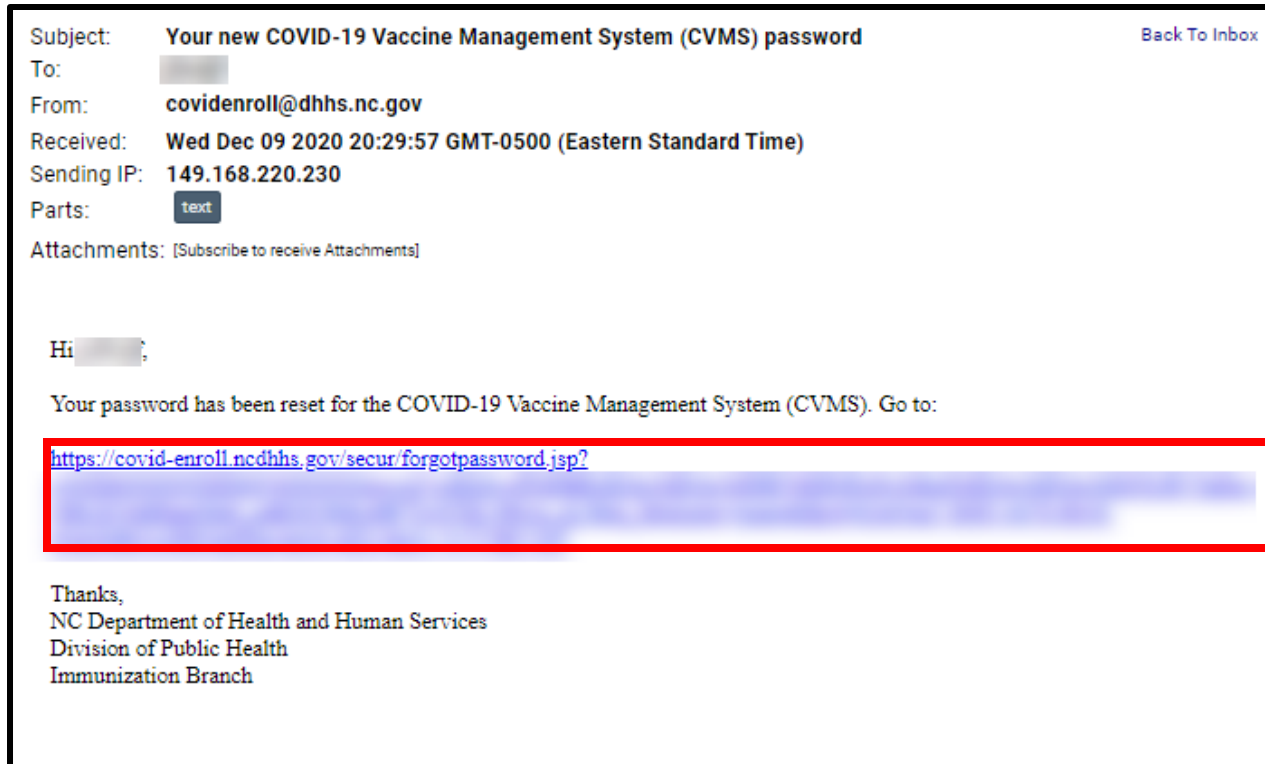
You will be sent an email with a **LINK TO RESET YOUR PASSWORD**.

### 1. CHECK YOUR EMAIL INBOX

2. Check your **SPAM OR JUNK FOLDER** if the email does not appear in your inbox

3. Open the email

### 4. CLICK THE LINK in the email



### Audience

Organization  
Administrator

Vaccine  
Coordinator


CEO

CMO

### Tips

Contact the **COVID-19 Vaccine Provider Help Desk** if you do not receive an email (see slide 2 of this User Guide for contact information).

# Step 4 of 4: Complete Password Reset

 **NCDHHS**

Change Your Password


Enter a new password for **jfosijf@mailinator.com**.  
Make sure to include at least:

☐ 12 characters

☐ 1 uppercase letter

☐ 1 lowercase letter

☐ 1 number

☐ 1 special character 

\* New Password

\* Confirm New Password

Change Password

Password was last changed on 12/9/2020, 5:31 PM.

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You will be directed to a page where you can reset your password.

1. Enter a **NEW PASSWORD** that meets the **PASSWORD CRITERIA**
2. Enter the same password under **CONFIRM NEW PASSWORD**
3. Click **CHANGE PASSWORD**
4. If you have successfully reset your password, you will be routed to the CVMS Provider Enrollment Portal

## Audience

Organization Administrator

Vaccine Coordinator

CEO

CMO

## Tips

The Change Password will change color when all requirements have been met.

# CVMS Steps For Providers

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✓ Step 1 - Register your organization

☐ Step 2 - Register each vaccine location and all prescribing providers who will administer vaccine

☐ Step 3 - Obtain NCID credentials

☐ Step 4 - Create user accounts for your organization's CVMS users

☐ Step 5 - Navigate the CVMS **Provider Portal**

☐ Step 6 - Receive and manage vaccine inventories

☐ Step 7 - Add locations to the find a vaccine location website

☐ **Step 8 - Invite recipients to register in the COVID-19 Vaccine Portal**






☐ Step 9 - Invite recipients to self-schedule their appointments (optional)

☐ Step 10 - Check-in recipients and document vaccination

# Additional Notes

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## Key Items:

- **Hyperlinks** appear as light blue and will provide additional information or navigation.
- **\* Asterisks** are used to denote required information.
-  A Toggle can be clicked to see selectable options.
-  A Pen can be clicked to make edits to the field.
-   Navigation Buttons can be clicked on to progress to the “next” or the “previous” step in a task.
-  A Pause button can be clicked if you wish to step away / and return to your form later. You will be prompted to review your previously entered data upon your return/ login.

## Supported Web Browsers:

- Please use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers to access CVMS.
- For more details on supported browsers, see [https://help.salesforce.com/articleView?id=getstart\\_browsers\\_sfx.htm&type=5](https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5)
- Note: Internet Explorer and Edge (non-Chromium) are not compatible with CVMS.

# User Guide Change Log

Version	Date of Change	Changes Made	Author
1	12/10/2020	• Original version	Kevin Kauffman
2	12/31/2020	• Removed link to the Provider Enrollment portal	Simon Couderc
3	01/08/2021	• Removed any mention of the 2 CVMS Help Desk emails. Added CVMS Help Desk Portal information.	Courtney Seward
4	01/13/2021	• Replaced screenshots with updated Provider Enrollment Portal branding	Kechia Scott
5	02/11/2021	• Took out any mention of the covidhelp email	Courtney Seward
6	03/09/2021	• Updated organization approval requirements	Azalea Troche
7	04/13/2021	• Updated text for Section A completion; added update on automatic email notification sent for approved locations	Azalea Troche
8	04/23/2021	• Updated organization approval email screenshot	Kevin Kauffman
9	05/19/2021	• Included location enrollment status overview • Added resubmission guidance	Kevin Kauffman
10	07/27/2021	• New user guide version	Vanessa Kemajou